


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI RAFAEL NICKNAME LAST SUFFIX "RAFA" DIAZ JR.	OFFICE USE ONLY Date Received 			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8759 SENECA, CRK. CONVERSE, TX 78109	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 765-1940				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI AKEEM NICKNAME LAST SUFFIX BROWN				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 MELROSE PLACE SAN ANTONIO, TX 78212				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 788-6565				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 / 23 / 2021 4 / 21 / 2021				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 1 / 2021 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Judson ISD Trustee Dist. 7	13 OFFICE SOUGHT (if known) Judson ISD Trustee Dist. 7			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>				COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>RAFAEL DIAZ JR.</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,729.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,507.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,537.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,659.06

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is RAFAEL DIAZ JR., and my date of birth is 1-5-1984
 My address is 8759 SENECA CREEK, Converse, TX 78109 Bexar
 (street) (city) (state) (zip code) (country)
 Executed in BEXAR County, State of TX, on the 23 day of April, 20 21.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

RAFAEL DIAZ MARTINEZ JR.

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,729.65
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,507.37
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Rafael Diaz Martinez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marisa Perez Diaz

7 Amount of contribution (\$)

\$51.80

6 Contributor address;

City;

State;

Zip Code

8759 SENECA CR Converse TX 78109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JACQUELINE SUAREZ ANSUA

Amount of contribution (\$)

\$103.30

Contributor address;

City;

State;

Zip Code

7751 BRISBANE BEND
CONVERSE, TX 78109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICHAEL KHEYFETS

Amount of contribution (\$)

\$500.

Contributor address;

City;

State;

Zip Code

33 RIVERDALE PARKWAY
RIVERDALE, NJ 07457

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

AMIR SAMANDI

Amount of contribution (\$)

\$51.80

Contributor address;

City;

State;

Zip Code

1107 WALKER WAY SAN ANTONIO, TX
78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>RAFAEL DIAZ MARTINEZ JR.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/29/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MEGAN LENTZ</u> 6 Contributor address; City; State; Zip Code <u>234 E. MAYFIELD SAN ANTONIO TX 78214</u>	7 Amount of contribution (\$) <u>\$100</u>
8 Principal occupation / Job title (See Instructions) _____		9 Employer (See Instructions) _____
Date <u>3/29/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Julio LOPEZ</u> Contributor address; City; State; Zip Code <u>PO Box 90898 SAN ANTONIO TX 78209</u>	Amount of contribution (\$) <u>\$257.78</u>
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date <u>3/29/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bobby PEREZ</u> Contributor address; City; State; Zip Code <u>327 E. HUISACHE SAN ANTONIO TX 78212</u>	Amount of contribution (\$) <u>\$515.24</u>
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date <u>3/29/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID PADILLA</u> Contributor address; City; State; Zip Code <u>4010 HEIGHTS VIEW SAN ANTONIO TX 78230</u>	Amount of contribution (\$) <u>\$1000.⁰⁰</u>
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME RAFAEL DIAZ MARTINEZ JR.		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PABLO PAIOMEQUE GARCIA 6 Contributor address; City; State; Zip Code 6233 Monticello DALLAS TX 75214	7 Amount of contribution (\$) \$103.30
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY CHARBEL Contributor address; City; State; Zip Code 11007 RAINS COURT SAN ANTONIO TX	Amount of contribution (\$) \$103.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADRIAN LOPEZ Contributor address; City; State; Zip Code 1327 STAIROCK SAN ANTONIO TX 78248	Amount of contribution (\$) \$103.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL DIAZ Contributor address; City; State; Zip Code 9718 GIRTH LANE SAN ANTONIO, TX 78254	Amount of contribution (\$) \$103.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>RAFAEL DITZ JR.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/29/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Elyse Bernai</u>	7 Amount of contribution (\$) <u>\$ 77.55</u>
6 Contributor address; City; State; Zip Code <u>213 Woodliet SAN ANTONIO, TX 78212</u>		
8 Principal occupation / Job title (See Instructions) <u></u>		9 Employer (See Instructions) <u></u>
Date <u>3/30/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MARINA GAVITO</u>	Amount of contribution (\$) <u>\$ 257.78</u>
Contributor address; City; State; Zip Code <u>1626 W. MAGNOLIA SAN ANTO TX 78201</u>		
Principal occupation / Job title (See Instructions) <u></u>		Employer (See Instructions) <u></u>
Date <u>3/30/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ALEX NAVA</u>	Amount of contribution (\$) <u>\$1000.00</u>
Contributor address; City; State; Zip Code <u>13823 Ridge SAN ANTONIO TX 782</u> <u>LAKE</u>		
Principal occupation / Job title (See Instructions) <u></u>		Employer (See Instructions) <u></u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ETHAN ASHLEY</u>	Amount of contribution (\$) <u>\$257.78</u>
Contributor address; City; State; Zip Code <u>3423 MARIGNY ST. NEW ORLEANS, LA 70122</u>		
Principal occupation / Job title (See Instructions) <u></u>		Employer (See Instructions) <u></u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>RAFAEL DIAZ MARTINEZ JR.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jonathan Blitt</i> 6 Contributor address; City; State; Zip Code <i>633 Westfield Ave, Westfield NJ 07090</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patty Celler</i> Contributor address; City; State; Zip Code <i>633 Westfield Ave, Westfield NJ 07090</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Silvester Perez</i> Contributor address; City; State; Zip Code <i>205 Wellsprings, Boerne TX 78006</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rachael Bourque</i> Contributor address; City; State; Zip Code <i>621 Andover Ln Coppell TX 75019</i>	Amount of contribution (\$) <i>\$51.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>RAFAEL DIAZ JR.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/27/2020</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>BARBARA ANKAMAH Borfao</u>	7 Amount of contribution (\$) <u>\$100</u>
6 Contributor address; City; State; Zip Code <u>13418 Rockhampton SAN ANTONIO TX 78232</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/28/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>TIFFANY EDMONDS</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>13018 HEIMER SAN ANTONIO TX 78232</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/29/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CRISTOPHER HAASS</u>	Amount of contribution (\$) <u>\$1000.00</u>
Contributor address; City; State; Zip Code <u>204 E. Melrose SAN ANTONIO TX 782</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>STEVE ORTEGA</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>521 TEXAS AVE. EL PASO TX 79901</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>RAFAEL DIME MARTINEZ JR</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/30/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Victoria BRANTON</u>	7 Amount of contribution (\$) <u>\$515.24</u>
6 Contributor address; City; State; Zip Code <u>127 E. LYNWOOD SAN ANTONIO TX 78212</u>		
8 Principal occupation / Job title (See Instructions) _____		9 Employer (See Instructions) _____
Date <u>3/30/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLES MUÑOZ</u>	Amount of contribution (\$) <u>\$250</u>
Contributor address; City; State; Zip Code <u>222 INSPIRATION SAN ANTONIO TX 78228</u>		
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date <u>3/30/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>IAN MEYERS</u>	Amount of contribution (\$) <u>\$103.30</u>
Contributor address; City; State; Zip Code <u>10509 LIONS TRAIL FFWORTH TX 76108</u>		
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date <u>3/30/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GLORIA RAY</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>7507 LEGEND ROCK SAN ANTONIO TX 78244</u>		
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME RAFAEL DIAZ MARTINEZ Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcos Cruz	7 Amount of contribution (\$) \$51.00
6 Contributor address; City; State; Zip Code 11307 whisper Glen SAN ANTONIO TX 78230		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sukhdeep KAUR	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 814 W. CRAIG SAN ANTONIO TX 78212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Nanna	Amount of contribution (\$) \$103.30
Contributor address; City; State; Zip Code 12951 Huebner SAN ANTONIO TX 78248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfredo Segura	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 29003 Bearcat Boerne TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>RAFAEL DIAZ MARTINEZ JR.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/31/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>EVE MYERS</u> 6 Contributor address; City; State; Zip Code <u>22734 TIMBERLAKE ROAD</u> <u>77377</u> <u>TOMBALL, TX</u>	7 Amount of contribution (\$) <u>\$51.80</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/31/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>PAUL MORRISSEY</u> Contributor address; City; State; Zip Code <u>6223 CECILYANN</u> <u>SAN ANTONIO TX</u> <u>78253</u>	Amount of contribution (\$) <u>\$500</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/31/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DAMIAN KATZ</u> Contributor address; City; State; Zip Code <u>1710 WANSIER LANE</u> <u>MIDLAND TX</u> <u>79705</u>	Amount of contribution (\$) <u>\$50</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/31/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MONA LOPEZ</u> Contributor address; City; State; Zip Code <u>3818 MANCHESTER DRIVE</u> <u>SAN ANTONIO TX</u> <u>78223</u>	Amount of contribution (\$) <u>\$103.30</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

RAFAEL DIAZ MARTINEZ JR.

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Juan Martinez

7 Amount of contribution (\$)

\$51⁸⁰

6 Contributor address;

City;

State;

Zip Code

406 Larkwood Dr San Antonio TX 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Carrillo

Amount of contribution (\$)

\$103⁵⁰

Contributor address;

City;

State;

Zip Code

7637 SAN Mirianda Boerne TX 78015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Paula Montoya

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City;

State;

Zip Code

6233 Monticello Ave Dallas 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Devon Ybarra

Amount of contribution (\$)

\$257⁷⁹

Contributor address;

City;

State;

Zip Code

7318 1319 SALAZAR TRAIL SAN ANTONIO TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>Rafael Diaz Martinez Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/31/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jesus Laredo</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>135 Country Road Mico TX 78056</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/6/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DAVID ANDERSON</u>	Amount of contribution (\$) <u>\$200</u>
Contributor address; City; State; Zip Code <u>3808 Hidden Holw Austin TX 78731</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/6/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Walter SERNA</u>	Amount of contribution (\$) <u>\$500</u>
Contributor address; City; State; Zip Code <u>20403 TERRABIANCA SAN ANTONIO TX 78258</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/6/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CATHERINE MILLER</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>2905 Gilbert Lane Austin TX 78703</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>RAFAEL DIAZ MARTINEZ JR.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/6/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JAN B. ANDERSON</u> 6 Contributor address; City; State; Zip Code <u>2905 Gilbert St Austin TX 78703</u>	7 Amount of contribution (\$) <u>\$200</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/6/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JAY HOWARD</u> Contributor address; City; State; Zip Code <u>823 Congressional Ave Austin TX 78701</u>	Amount of contribution (\$) <u>\$50</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-6-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KATE Kuhlmann</u> Contributor address; City; State; Zip Code <u>5907 Mountainclimber Austin, TX 78731</u>	Amount of contribution (\$) <u>\$50</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-6-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marsha Jones</u> Contributor address; City; State; Zip Code <u>200 Congress Ave Austin TX 78701</u>	Amount of contribution (\$) <u>\$50</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>Rafael Diaz Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-6-2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Neal "Buddy" Jones</u> 6 Contributor address; City; State; Zip Code <u>3211 Stratford Hills Austin TX 78746</u>	7 Amount of contribution (\$) <u>\$50</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>4-6-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jesse Ancira</u> Contributor address; City; State; Zip Code <u>823 Congress Ave Austin TX 78701</u>	Amount of contribution (\$) <u>\$300</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>4-6-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ree Renee Paschall</u> Contributor address; City; State; Zip Code <u>409 Bridgit Dr. Converse TX 78109</u>	Amount of contribution (\$) <u>\$50</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Rafael Diaz Martinez Jr		3 Filer ID (Ethics Commission Filers)	
4 Date 3-31-2021		5 Payee name PAYPAL			
6 Amount (\$) \$327.55		7 Payee address; City; State; Zip Code 2211 North First Street SAN JOSE CA 95131			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description TOTAL TRANSACTION FEES		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 4-5-2021 4-5-2021		Payee name Prestige Printing			
Amount (\$) \$671.15		Payee address; City; State; Zip Code 8 Burwood Drive SAN ANTONIO TX 78216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 4-5-2021		Payee name RG Group			
Amount (\$) 950.72		Payee address; City; State; Zip Code PO BOX 831615 SAN ANTONIO TX 78283			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Sign installation		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Rafael Diaz Martinez Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4-7-2021		5 Payee name THE Political Group			
6 Amount (\$) \$1047.30		7 Payee address; City; State; Zip Code 4835 Medical Drive #40111 SAN ANTONIO TX 78229			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract LABOR		(b) Description Phone BANK Services.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4-16-2021		Payee name NEXT DAY Custom Tee			
Amount (\$) 405.94		Payee address; City; State; Zip Code 3919 South Presa SAN ANTONIO TX 78210			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Appeal.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4-16-2021		Payee name Alamo Mailing			
Amount (\$) 1536.35		Payee address; City; State; Zip Code 13114 Lookout Run SAN ANTONIO TX 78233			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract LABOR/services ADVERTISING EXPENSE		Description Mail Services		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME RAFAEL DIAZ JR.	3 Filer ID (Ethics Commission Filers)
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4 Date 4-19-2021	5 Payee name Prestige Printing
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6 Amount (\$) 1732.00	7 Payee address; 8 Burwood	City; SAN ANTONIO	State; TX	Zip Code 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description YARD SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-20-2021	Payee name OFFICE DEPOT
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Amount (\$) \$113.61	Payee address; 119 SW LOOP 410	City; SAN ANTONIO	State; TX	Zip Code 78245
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-21-2020	Payee name Prestige Printing
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Amount (\$) 1975.56	Payee address; 8 Burwood	City; SAN ANTONIO	State; TX	Zip Code 78216
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Mail Pieces
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages <u>Schedule F1</u>		2 FILER NAME <u>Rafael Diaz Martinez Jr</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-21-2021</u>		5 Payee name <u>TEXT Surge</u>			
6 Amount (\$) <u>342.81</u>		7 Payee address; <u>1201 Connecticut Ave. NW</u> <u>#600</u>		City; <u>Washington D.C.</u>	State; <u>D.C.</u> Zip Code <u>20036</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Text Messaging.</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4-21-2021</u>		Payee name <u>Minute Key</u>			
Amount (\$) <u>6.50</u>		Payee address; <u>918 BANDERA Rd.</u>		City; <u>SAN ANTONIO</u>	State; <u>TX</u> Zip Code <u>78228</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>		Description <u>Keys.</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4-20-2021</u>		Payee name <u>RG Group</u>			
Amount (\$) <u>1705.⁰⁰</u>		Payee address; <u>P.O. Box 831615</u>		City; <u>SAN ANTONIO</u>	State; <u>TX</u> Zip Code <u>78283</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRACT LABOR</u>		Description <u>Field Services</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Rafael Diaz Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 4-20-2021	5 Payee name RG Group
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6 Amount (\$) \$595.00	7 Payee address; PO Box 83145	City; SAU ANTONIO	State; TX	Zip Code 78283
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Sign Installation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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